CANDIDATE / OFFICEHOLDER FORM C/OH 5246 CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: The C/OH Instruction Guide explains how to complete (Ethics Commission filers) this form. 16 CANDIDATE / TITLE MI OFFICE USE ONLY **OFFICEHOLDER** County Commissioner Margaret . J. NAME Date Received... NICKNAME LAST SUFFIX Gomez CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE OFFICEHOLDER P. O. Box 3232 Austin TX78764 **ADDRESS** Change of Address CAMPAIGN TITLE FIRST MI Receipt # TREASURER Texana F. NAME HD / PM Amount NICKNAME LAST SUFFIX Date Processed Conn Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: ZIP CODE **TREASURER ADDRESS** 2007 Paramount (Residence or business) Austin TX78704 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) PERIOD Day COVERED THROUGH 09 $^{\prime}$ 27 02 0.126 **ELECTION DATE** 10 ELECTION ELECTION TYPE Month Day Primary 11 / 05 / 02 Runoff X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) County Commissioner, Precinct 4 County Commissioner, Precinct 4 13 DIRECT · Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. CAMPAIGN Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. •• EXPENDITURE BY OTHER INDIVIDUALS None to my knowledge. Address / PO Box; Apt. / Suite #; City; State additional pages **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

	FORM.	C/C	H
COVER	SHEE	T PG	2

15 ACCOUNT # (Ethics Commission fider Citizens for Gomez 16 SUPPORTING POLITICAL COMMITTEE(S) 17 NO REPORTABLE ACTIVITY 18 ACCOUNT # (Ethics Commission fider) 19 ACCOUNT # (Ethics Commission fider) 15 ACCOUNT # (Ethics Commission fider) 15 ACCOUNT # (Ethics Commission fider) 15 ACCOUNT # (Ethics Commission fider) 16 SUPPORTING POLITICAL condidates and officeholder. These expenditures may be political committees to support the candidate / officeholder. These expenditures may be political committees to support the candidate / officeholder. These expenditures may be political expenditures may be political committees to support the candidate / officeholder. These expenditures may be political expenditures may be possible of such expenditures. 18 ACCOUNT # (Ethics Commission fider) 19 ACCOUNT # (Ethics Commission fider) 19 ACCOUNT # (Ethics Commission fider) 10 ACCOUNT # (Ethics Commission fider) 10 ACCOUNT # (Ethics Commission fider) 11 ACCOUNT # (Ethics Commission fider) 12 ACCOUNT # (Ethics Commission fider) 13 ACCOUNT # (Ethics Commission fider) 14 ACCOUNT # (Ethics Commission fider) 15 ACCOUNT # (Ethics Commission fider) 16 ACCOUNT # (Ethics Commission fider) 17 ACCOUNT # (Ethics Commission fider) 18 ACCOUNT # (Ethics Commission fider) 18 ACCOUNT # (Ethics Commission fider) 19 ACCOUNT # (Ethics Commission fider) 19 ACCOUNT # (Ethics Commission fider) 10 ACCOUNT # (Ethics Commission fider) 10 ACCOUNT # (Ethics Commission fider) 11 ACCOUNT # (Ethics Commission fider) 12 ACCOUNT # (Ethics Commission fider) 13 ACCOUNT # (Ethics Commission fider) 14 ACCOUNT # (Ethics Commission fider)	TOTALS	COVER SHEET PG 2
** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures make been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report the information only if they receive notice of such expenditures. **COMMITTEE TYPE** **COMMITTEE NAME** **COMMITTEE NAME** **COMMITTEE ADDRESS** **TEXANA FAULK Conn** **COMMITTEE CAMPAIGN TREASURER NAME** **TEXANA FAULK Conn** **COMMITTEE CAMPAIGN TREASURER ADDRESS** **2007 Paramount; Austin, TX 78704** **TO REPORTABLE** **TO REPORTABLE** **TO REPORTABLE** **TO REPORTABLE** **TO TAKE EXPENDITURES TO Support the candidate / officeholder. These expenditures make information only if they receive notice of such expenditures. ** **COMMITTEE NAME** **COMMITTEE CAMPAIGN TREASURER NAME** **TEXANA FAULK Conn** **COMMITTEE CAMPAIGN TREASURER ADDRESS** 2007 Paramount; Austin, TX 78704** **TO NO REPORTABLE**		15 ACCOUNT # (Ethics Commission filers)
POLITICAL COMMITTEE(S) have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report the information only if they receive notice of such expenditures. COMMITTEE TYPE Committee NAME Committee NAME Committee Address P. O. Box 3232; Austin, TX 78764 Committee Campaign Treasurer NAME Texana Faulk Conn Committee Campaign Treasurer Address 2007 Paramount; Austin, TX 78704		
Citizens for Gomez Committee Address P. O. Box 3232; Austin, TX 78764 Committee Campaign Treasurer Name Texana Faulk Conn Committee Campaign Treasurer Address 2007 Paramount; Austin, TX 78704	ve been made without the candidate's or officeholder's knowledge or cor	support the candidate / officeholder. These expenditures may usent. Candidates and officeholders are required to report this
GENERAL COMMITTEE ADDRESS P. O. Box 3232; Austin, TX 78764 COMMITTEE CAMPAIGN TREASURER NAME Texana Faulk Conn COMMITTEE CAMPAIGN TREASURER ADDRESS 2007 Paramount; Austin, TX 78704	MMITTEE TYPE	
P. O. Box 3232; Austin, TX 78764 COMMITTEE CAMPAIGN TREASURER NAME Texana Faulk Conn COMMITTEE CAMPAIGN TREASURER ADDRESS 2007 Paramount; Austin, TX 78704		
COMMITTEE CAMPAIGN TREASURER NAME Texana Faulk Conn COMMITTEE CAMPAIGN TREASURER ADDRESS 2007 Paramount; Austin, TX 78704		1076/
Texana Faulk Conn COMMITTEE CAMPAIGN TREASURER ADDRESS 2007 Paramount; Austin, TX 78704		/8/64
COMMITTEE CAMPAIGN TREASURER ADDRESS 2007 Paramount; Austin, TX 78704 17 NO REPORTABLE	COMMITTEE CAMPAIGN TREASURER HAVIE	
2007 Paramount; Austin, TX 78704	Texana Faulk Conn	
17 NO REPORTABLE	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE	2007 Paramount; Austin, TX 7	8704
18 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS), UNLESS ITEMIZED \$ -0-		ILESS ITEMIZED \$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,465.00		· • • • • • • • • • • • • • • • • • • •
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ -0-	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS,	
4. TOTAL POLITICAL EXPENDITURES \$ 2,071.81	TOTAL POLITICAL EXPENDITURES	°\$ 2,071.81
OUTSTANDING 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-		C
19 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying repois true and correct and includes all information required to be reported to me under Title 15, Election Code. Notery Public, State of Tours My Commission Explus DECEMBER 13, 2005 Signature of Candidate or Officeholder	is true and correct a me under Title 15, I Public, State of Texas Commission Explas	and includes all information required to be reported by
AFFIX NOTARY STAMP / SEAL ABOVE	AL ABOVE	
Swom to and subscribed before me, by the said <u>Margaret J. Gomez</u> , this the <u>28</u> day of <u>October</u> *\$\forall \frac{2002}{2002}\$, to certify which, witness my hand and seal of office.		this the 28 day of <u>October</u>

Print name of officer administering oath

Title of officer administering oath

OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 483-5800

The Instru	истом Guide explains how to complete this form.		1 Total pages Sch	nedule A:
2 FILER NA Citizens	AME s for Gomez		3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Full name of contributor	OA of sime PAC	7 Amount of	8 In-kind contribution
9-27 - 02	L-Bar Cattle & Equipment Co., [LC (Bob Carr)	contribution (\$) \$ 250.00	description(if applicable
· .	6 Contributor address; City; State; Zip Co.			1
	4826 Highway 71E Del Valle, TX 78617			1
9 Principal oc ousinessman		10 Employer (opt	lional)	
Date 0-11-02	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable
0-11 02	Royce Faulker Contributor address: City: State: Zip Cod P. O. Box 722		250.00	! !
	Austin, TX 78767	<u>.</u>		
Princip a l oc usinessmar		Employer (option	onal)	
Date	Full name of contributor	Out of state PAC	* Amount of	In-kind contribution
0-11-02	Austin Board of Realtors PAC		contribution (\$) 750.00	description(if applicable
	Contributor address: City: State: Zip Code 4106 Medical Parkway Austin, TX 78756-3700	e ;	() ()	
Principal occ eal Estate	upation	Employer (option	onal)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
0-11-02	Linda Romero		contribution (s)	description(if applicable
	Contributor address: City: State: Zip Code		1	
	4800 Foicker Cove		1	•
	Austin, TX 78744		!	:
Principal occi	upation	Employer (option	nai)	
Date	Full name of contributor	Out of state PAC		
-11-02	H. A. Guerrero Carpet Cleaners	out or state PAC	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable
	Contributor address: City: State: Zip Code 2313 South First Austin, TX 78704			
Principal occu	pation			
<u>snessman</u>		Employer (option	al)	•

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 483-5800

The Instru	CTION GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NA			3 ACCOUNT # (Ethics Commission filers)	
Citizens i	for Gomez			
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution
10-11-02	Elizabeth S. Gonzales		\$ 50.00	description(if applica
•	6 Contributor address; City; State; Zip Coo	le		!
	724 Wales Way	•		[[
	Austin, TX 78748-6531]
Principal od ousinesswo		10 Employer (ap	tional)	
Date	Full name of contributor			I
0-11-02		Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if application)
0-11-02		idel Estrada		1
		e		
	2618 East 7			
Principal oc	Austin, TX 78702	Employer (car		
usinessma	1	Employer (opti	ional)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
0-16-02	Turner, Collie & Braden PAC		contribution (S)	description(if applicab
	Contributor address: City: State: Zip Code P. O. Box 130089	······································	!	
	Houston, TX 77219		6	
Principal occ torneys	upation	Employer (option	onal)	
Date	Full name of contributor	Out of state PAC	Amount of	In head accession
-16-02	Roy Gomez	_	contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	100.00	
	11601 Ruffed Grouse Drive	·	1	•
	Austin, TX 78758		!	:
Principal occi sinessman	pation	Employer (optio	nal)	
Date	Full name of contributor			
-17-02	Robert R. Kanun	Out of state PAC	Amount of contribution, (\$)	in-kind contribution description(if applicable
•		******	250.00 ^(\$)	
	Contributor address: City; State: Zip Code 405 West 14	<i>:</i>		
	Austin, TX 78701			·
Principal occu			<u> </u>	
ornev		Employer (option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instru	UCTION GUIDE explains how to complete this form		1 Total pages Sch 3 of 5	edule A:
2 FILER N.	AME		3. ACCOUNT # (Ethics Commission filers)	
Citizens	for Gomez			
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
10-18-02	R. E. Merritt 6 Contributor address; City; State; Zip 6 1100 Silver Hill Drive Austin, TX 78746	Code	\$1,000.00	
9 Principal o businessma		10 Employer (op	tional)	1,
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
10-18-02	Linebarger Goggan Blair & Sam Contributor address; City; State; Zip C		1,000.00	description(if applicable)
·	P. O. Box 17428 Austin, TX 78760	÷.		
Principal oc attorneys	cupation	Employer (opt	ional)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
10-18-02	Christopher S. Shields, P. C.		contribution (5)	description(if applicable)
	Contributor address: City: State: Zip Ci 1005 Congress Avenue, Suite 48 Austin, TX 78701		<u> </u>	
Principal oc	cupation	Employer (opti-	Onal)	
ttorney			(
Date	Full name of contributor	Dut of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
0-18-02	Vinson & Elkins Texas PAC Contributor address: City: State: Zip Co	de	250.00	:
	2300 First City Tower Houston, TX 77002-6760			:
Principal occ ttorneys	cupation	Employer (option	onal)	
Date	Full page of	<u> </u>		
	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution
0-18-02	Cecelia Burke Contributor address: City: State: Zip Co.	d e	50.00	description(if applicable)
· · · · · · · · · · · · · · · · · · ·	6500 Santolina Cove Austin, TX 78731			
Principal occi ounthy emp		Employer (optio	nat)	•
If contr	ATTACH ADDITIONAL COP	ES OF THIS FORM , truction guide for a	AS NEEDED	g requirements.

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OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instru	ction Guide explains how to complete this for	n.	1 Total pages Sch	edule A:	
2 FILER N	AME		3 ACCOUNTS (E	3 / ACCOUNT # (Ethics Commission filers)	
Citizens f	for Gomez				
4 Date	5 Full name of contributor	OAR OF SIME PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
10-18-02	Miriam H. Mora. 6 Contributor address: City: State: Zip 13004 Counci Bluff Drive Austin, TX 78727-2838		\$ 5.00	 	
9 Principal of		10 Employer (opt	rional)	J	
Date 10-19-02	Richard A. Martinez Contributor address: City: State: Zip 5002 Westgate Boulevard, Apt. Austin, TX 78745	Code	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Principal oc	cupation	Employer (opti	onal)		
Date 10-18-20	Full name of contributor Mary Besa Contributor address: City: State: Zip C	Dust of state PAC	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)	
	Austin, TX 78744		V.		
Principal occ	cupation	Employer (option	onal)		
Date 0-18-02	Full name of contributor David Carroll		Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)	
	Contributor address: City: State: Zip C 3008 Sesbanía Dríve Austin, TX 78748	code :		; :	
Principal occ ngineer	upation	Employer (option	nal)		
Date 0-18-02	Full name of contributor Alicia Perez	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

1 Total pages Schedule A: 5 of 5

The Instruction Guide explains how to complete this form.

3 ACCOUNT # (Ethics Commission filers)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

OTHER	THAN PLEDGES OR LOAD	NO ,		
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 5 of 5	dule A:
2 FILER NAMI	=		3 ACCOUNT # (Eth	nics Commission filers)
Citizens for	Gomez	,		
4 Date	5 Full name of contributor	out of state PAC	contribution (\$)	8 In-kind contribution description(if applicable)
10-18-02Mich	elle Brinkman		\$ 25.00	
	6 Contributor address; City; State; Zip Code 740-7 Brookhollow Drive Austin, TX 78752			
9 Principal occu county emplo		10 Employer (option	al)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-18-02	Amalia Rodriguez-Mendoza Contributor address; City; State; Zip Code		25.00	
· ·	2710 Addison Avenue Austin, TX 78757			
Principal occu county emplo		Employer (option	al)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-19-02	Gabriel Gutierrez, Jr., P. C.		100.00	
	Contributor address; City; State; Zip Code 61 Noth IH 35 Austin, TX 78702	• •		;
Principal occu	l pation	Employer (option	al)	
attorney		<u> </u>		
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	BMcPAC Contributor address: City: State: Zip Code 111 Congress, Suite 1400 Austin, TX 78701		500.00	
Principal occu	pation	Employer (option	al)	
attorneys			T	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	;		
Principal occu	pation	Employer (option	a!)	
		I		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGI	ED CONTRIBUTIONS			SCHEDULE B
The Instruct	TION GUIDE explains how to complete this form	1.	1 Total pages Scher	dule B:
			3 ACCOUNT # (Ethics Commission filers)	
FILER NAM	T. Control of the Con			
	or Gomez	th th	⇔ ⇔	\$
TOTAL	OF UNITEMIZED PLEDGES:		8 Amount of	g In-kind description
Date	6 Full name of pledgor	out of state PAC	8 Amount of pledge (\$)	(if applicable)
	7 Pledgor address; City; State; Zig	p Code		1
	None.			!
<u> </u>	γ	11 Employer (opti	onal)	
Principal occ	cupation ;			
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zi			
Principal oc	cupation	Employer (opt	ional)	
	-		Amount of	In-kind description
Date	Full name of pledgor	out of state PAC	pledge (\$)	(if applicable)
	Pledgor address; City; State; Z	ip Code		
Principal oc	ccupation	Employer (op	tional)	
			Amount of	In-kind description
Date	Full name of pledgor Pledgor address; City; State; Z Code	cut of state PAC	pledge (\$)	(if applicable)
Principal o	ccupation	Employer (op	itional)	
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; 2 Code	Zip		
Principal o	occupation	Employer (or	otional)	

LOANS				SCHEDULE E
The Instruction G	UIDE explains how to complete this fo		1 Total pages Sch	
2 FILER NAME Citizens for G	omez		3 ACCOUNT#(E	Ethics Commission filers)
4	NITEMIZED LOANS:	±	ф ф ф	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	; Zip Code	1	10 Interest rate
Y N	Nor	ie.		11 Maturity date
12 Description of Collat	eral .			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer	·	
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N		1 1		Maturity date
Description of Collate	rai			
GUARANTOR INFORMATION	Name of guarantor			Атпоunt Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
	1		1	4

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instru	истом Guide explains how to complete	this form.	1 Total pages Schedule F: 1 of 3
2 FILER NA Citizens	AME s for Gomez	:	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount
9-27-01	Market Media Communica 6 Payee address: City; S 719 Mariner Austin, TX 78734	ations State; Zip Code	(s) \$ 350.00
8 Purpose of	f expenditure		plete if direct expenditure to benefit C/OH •• ate / Office holder name Office sought / held
Praining D	Development		et J. Gomez, Co. Comm., Pct. 4
Date	Payee name	7	Amount (\$)
0-1-02	Texas Environmental Des Payee address; City; S 1908 Bardon Pkwy Mustra, 74 78704	mocratsState: Zip Code	
Purpose of expenditure			
Purpose or	expenditure		plete if direct expenditure to benefit C/OH •• Office sought / held
Purpose of onation		Candida	t J. Gomez, Co. Comm., Pct. 4
•	Payee name	Candida	tte / Officeholder name Office sought / held t J. Gomez, Co. Comm., Pct. 4
onation	Payee name Seton Cove Payee address: City: Si 3708 Crawford	Candida	te / Office holder name Office sought / held t J. Gomez, Co. Comm., Pct. 4
Date 0-01-02	Payee name Seton Cove Payee address: City: St 3708 Crawford Austin, TX 78731	Candida Margare tate; Zip Code	Amount (\$) 90.00
Date 0-01-02 Purpose of	Payee name Seton Cove Payee address City: St 3708 Crawford Austin, TX 78731 expenditure	Candida Margare tate: Zip Code ' Compi	Amount (\$) 90.00 dete if direct expenditure to benefit C/OH Office sought / held Office sought / held
Date 0-01-02 Purpose of	Payee name Seton Cove Payee address: City: St 3708 Crawford Austin, TX 78731	Candida Margare tate: Zip Code ' Compi	Amount (\$) 90.00 Sete if direct expenditure to benefit C/OH
Date 0-01-02 Purpose of	Payee name Seton Cove Payee address City: St 3708 Crawford Austin, TX 78731 expenditure	Candida Margare tate: Zip Code ' Compi	Amount (\$) Sete if direct expenditure to benefit C/OH ** Tet / Office sought / held Amount (\$) Office sought / held Amount (\$) Amount Amount Amount Amount Amount Amount
Date 0-01-02 Purpose of a	Payee name Seton Cove. Payee address: City: St 3708 Crawford Austin, TX 78731 expenditure ad Training Payee name Ann Kitchern Campaign Payee address: City: St	Candida Margare tate: Zip Code ' Compi	Amount (\$) Sete / Officeholder name Office sought / held t J. Gomez, Co. Comm., Pct. 4 Amount (\$) 90.00 Commodition of the

exas Ethics Commission

POLITICAL EXPENDITURES

SCHEDULE F

The Instruct	non Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 3
: FILER NAI	ME		3 ACCOUNT # (Ethics Commission filers)
Citizens 1	for Gomez		
l Date	5 Payee name		7 Amount (\$)
10-10-02	Market. Media. Communications 6 Payee address; City: State; Zip Code		\$ 235.00
	719 Mariner Austin, TX 78734		
3 Purpose of 6	expenditure	9 · Complete if direct exponential condidate / Officeholder	enditure to benefit C/OH name Office sought / held
Training I	Development	Margaret J. Gome	z, Co. Comm., Pct. 4
Date	Payee name		Amount (\$)
			66.03
10-11-02	Joe Vela		
	Payee address; City; State; Zip Code	•	,
	5305 Summer Drive		
	Austin, 74 78741		
Purpose of	expenditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH ** name Office sought / held
Reimbursen	ment for printing of flyers	Margaret J. Gome	z, Co. Comm., Pct. 4
		4	
Date	Payee name	2	Amount (\$)
10-15-02	NALEO Payee address; City; State; Zip Code	, '' 	50.00
	Payee address; City; State; Zip Code	· ^	
	500 Citádel Dríve, Suite 120 Los Angeles, CA 90040		
Purpose of	expenditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH •• Office sought / held
dues		Margaret J. Gome	z, Co. Comm., Pct. 4
			Amount
Date	Payee name		(\$)
10-17-02	RBH Direct Payee address: City; State; Zip Code		676.57
	1602 Glencrest Drive Austin, TX 78723	<i>*</i>	
Purpose of	expenditure		penditure to benefit C/OH •• Thame Office sought / held
500 Yard S	igns	Candidate / Officeholder Margaret J. Gome	z, Co. Comm., Pct. 4

POLITICAL EXPENDITURES

exas Ethics Commission

SCHEDULE F

(512) 463-5800

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages 3 of 3	
2 FILER NAM	E	я . З :	3 ACCOUNT	# (Ethics Commission filers)
Citizens fo	or Gomez	·		
1 Date	5 Payee name			7 Amount (\$)
10-19-02				\$ 44.21
	6 Payee address; City; State; Zip Code			
	P. O. Box 4555 Carolstream, IL 60197-4555			
8 Purpose of ex	penditure	9 · Complete if direct expe	enditure to benefi	t C/OH ··
Gas for can		Candidate / Officeholder Margaret J. Gome	z, Co. Cor	nm., Pct. 4
Date	Payee name			Amount
Dute				(\$)
10-25 - 02	Travis .County .Democratic .Party Payee address; City; State; Zip Code			1,000.00
	P. O. Box 40671 Austin, TX 78704		·	
Purpose of ex	penditure	 Complete if direct expendidate / Officeholder 	enditure to benef	it C/OH •• Office sought / held
Cambudhud	n for Combined Campaign	Margaret J. Gome		-
Contributio	on for Combined Campaign	fill garee o. come		
Date	Payee name	34 215		Amount (\$)
	Payee address; City; State; Zip Code	10° - 6		
	,	. į		
Purpose of ex	penditure	Complete if direct expr Candidate / Officeholder		it C/OH ** Office sought / held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
Purpose of ex	penditure	· Complete if direct exp Candidate / Officeholder	enditure to benef name	it C/OH Office sought / held
		1		

1-800-325-8506

Texas Ethics Commission

Austin, Texas 78711-2070

The Instruc	he Instruction Guide explains how to complete this form. 1 Total pages Sc 1 of 1		
FILER NA	# (Ethics Commission filers)		
izens :	for Gomez	'	
Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure	-	Reimbursement from political
	Nana	!	contributions intended
Date	None. Payee name		Amount
	Payee address; City; State; Zip Code		
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address; City; State; Zip Code	······································	(\$)
		1	
		ę	
	Purpose of expenditure	y 14	Reimbursement from political contributions
	,	18	intended
Date	Payee name	1	Amount (\$)
	Payee address; City; State; Zip Code	••••••••••••••••••••••••••••••••••••••	
		:	
	Russes of oversitives		Reimbursement
	Purpose of expenditure		from political contributions
			intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	, , , , , , , , , , , , , , , , , , , ,	•	
	Purpose of expenditure		Reimbursement from political contributions
			intended

Texas Ethics Commission

The Instruc	TION GUIDE explains how to comple	te this form.		1 Total pages Sched	ule H:
FILER NAME				3 ACCOUNT # (Ethics Comm	
	for Gomez	·			
Date	5 Business name 6 Business address; City;	State; Zip Code		, , , , , , , , , , , , , , , , , , , ,	7 Amount (\$)
		None.			
Purpose of		H.	9 ·· Co Candidate / f	omplete if direct expenditure to Officeholder name	benefit C/OH' •• Office sought / held
Date	Business name	4			Amount (\$)
	Business address; City;	State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Purpose of	payment		Candidate /	mplete if direct expenditure to Officeholder name	Office sought / held
Date	Business name Business address; City;	State; Zip Code	 e /		Amount (\$)
Purpose of	payment			implete if direct expenditure to Officeholder name	benefit C/OH •• Office sought / held
Date	Business name				Amount (\$)
	Business address; City;	State; Zip Code	••••••		

1-800-325-8506

Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule I: The Instruction Guide explains how to complete this form. 1 of 1 3.! ACCOUNT # (Ethics Commission filers) 2 FILER NAME Citizens for Gomez Amount 8 5 Payee name Date (\$) City; State; Zip Code 6 Payee address; None_ 7 Purpose of expenditure Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure Date Payee name Amount (\$) Payee address: City; State; Zip Code Purpose of expenditure ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDI	ITS (optional)		•	SCHEDULE	
The Instruct	dule K:				
2 FILER NAME			3 ACCOUNT # (Ethic	3 ACCOUNT # (Ethics Commission filers)	
	for Gomez				
Date	5 Payor name 6 Payor address; City; State; Z	Žip Code		Amount (\$)	
	None			•	
	7 Reason for credit				
Date	Payor name				
	1	ip Code		Amount (\$)	
	Reason for credit		·		
Date	Payor name			Amount	
	Payor address; City; State; Zij			(5)	
Data					
Date	Payor name Payor address; City; State; Zip	o Code		Amount (\$)	
	Reason for credit				
Date	Payor name			Amount	
	Payor address; City; State; Zip	Code		(\$)	
	Reason for credit				